

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10724848</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
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27							77						
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33		/					83						
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38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL CLAIMS	
						3		34		37			